

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Prior Application: H. HASEBE et al
Serial No. 09/988,644
Filed: November 20, 2001

Group Art Unit: 2827
Examiner: A. CHAMBLISS
For: A SEMICONDUCTOR DEVICE

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

September 22, 2003

Sir:

In accordance with the duty of disclosure, the Applicants inform the Examiner of the documents cited during prosecution of the parent application, USSN 09/988,644.

The Applicants request the Examiner to initial and return a copy of the attached PTO-1449 form as an indication that the references have been considered.

Respectfully submitted,


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Attorney for Applicant(s)

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Date: September 22, 2003

FORM PTO-1449 (REV. 7-80)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO. H-1019-02	SERIAL NO.
LIST OF DOCUMENTS CITED BY APPLICANT <i>(Use several sheets if necessary)</i>		APPLICANT H. HASEBE et al			
				FILING DATE 09/22/03	GROUP 2827

U.S. PATENT DOCUMENTS

* EXAMINER INITIAL		DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
	AA	6,025,640	02/2000	Yagi et al			
	AB	6,208,020	03/2001	Minamio et al			
	AC	6,437,427	08/2002	Choi			
	AD	6,388,311	05/2002	Nakashima et al			
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

FOREIGN PATENT DOCUMENTS

		DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATIO	YES	NO
	AL	11-251494	09/17/99	Japan				<input type="checkbox"/>	<input type="checkbox"/>
	AM	11-345897	12/14/99	Japan				<input type="checkbox"/>	<input type="checkbox"/>
	AN	2000-196006	07/14/00	Japan				<input type="checkbox"/>	<input type="checkbox"/>
	AO	06-85132	03/1994	Japan				<input type="checkbox"/>	<input type="checkbox"/>
	AP	99/00826	01/1999	Europe				<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)

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EXAMINER	DATE CONSIDERED
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	AJ						
	AK						

FOREIGN PATENT DOCUMENTS

	DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATIO	YES	NO
AL	06-338583	12/1994	Japan				<input type="checkbox"/>	<input type="checkbox"/>
AM							<input type="checkbox"/>	<input type="checkbox"/>
AN							<input type="checkbox"/>	<input type="checkbox"/>
AO							<input type="checkbox"/>	<input type="checkbox"/>
AP							<input type="checkbox"/>	<input type="checkbox"/>

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